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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

59839

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25857

FILED JUL 26 1946

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6279

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community unknown

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2619 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FABE WHITE

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Edward Burton (deceased)

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 1, 1881 (Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Washington (City, town, or county). Ind. (State or foreign country)

10. Usual occupation Machinist

11. Industry or business American Car & Foundry Co

MOTHER FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Alvin C. White,
(b) Address 7401 Jenwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/46 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery Jefferson Barracks

18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington.

19. (a) JUL 16 1946 (Date received local registrar) (b) J. F. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1946 hour 2:20 minute P M.

21. I hereby certify that I attended the deceased from July 5, 1946 to July 9, 1946; that I last saw him alive on July 9, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure due to Coronary artery heart disease.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 1515 Lafayette Date signed 7/17/46

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed. Philip M. Lenny

Licensed Embalmer No. 3281

P. O. Address 4468 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.